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APPLICANTS

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Q.N. OK.

**** CONTINUING DATA *******

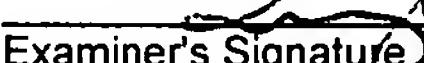
This application is a CIP of 09/563,826 05/03/2000 PAT 6,348,450 which claims benefit of 60/132,216 05/03/1999
 and is a CIP of 09/533,149 03/23/2000 PAT 6,716,823
 which is a CIP of 09/402,527 01/03/2000 PAT 6,706,693 *
 which is a 371 of PCT/US98/16739 08/13/1998
 which claims benefit of 60/055,520 08/13/1997
 and claims benefit of 60/075,113 02/11/1998

(*Data provided by applicant is not consistent with PTO records.

Q.N. OK.

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
**** 04/03/2002**

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	AL	20	39	1
Verified and Acknowledged	Examiner's Signature  Initials 				

ADDRESS

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TITLE

IMMUNIZATION OF ANIMALS BY TOPICAL APPLICATION OF AN ESCHERICHIA-BASED VECTOR

FILING FEE RECEIVED 606	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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